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Substitute for form 1449A/PTO			CEMADO .	Complete if Known		
INFORMATION DISCLOSURE				Application Number	10/002,185 December 5, 2001	
				Filing Date		
STATEMENT BY APPLICANT				First Named Inventor	NAYRECEIVED	
(use as many sheets as necessary)				Group Art Unit	3631 APR 1 0 2002	
				Examiner Name	Not-Assigned	
Sheet	1	of	1	Attorney Docket Number	95-525 HOUP 360	

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Signature Considered 1/28/2005

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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